

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH			
County of <u>Gila.</u>		BUREAU OF VITAL STATISTICS		State Index No. <u>141</u>	
District of <u>Globe.</u>		ORIGINAL CERTIFICATE OF BIRTH		Co. Register No. <u>29</u>	
Town of _____				Local Registrar's No. _____	
or City of <u>Globe.</u>		(No. _____ St; _____ Ward)			
FULL NAME OF CHILD <u>Leah Margaret Barnes.</u> { Born } YES					
If child is not named, make Supplemental Report on blank obtainable from local registrar. { Alive } YES					
Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
<u>Female</u>				<u>Yes.</u>	<u>1</u> / <u>6</u> / <u>1920</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>George Adams Barnes,</u>			Full Maiden Name <u>Viola Lasher,</u>		
Residence <u>Globe,</u>			Residence <u>Globe,</u>		
Color or Race <u>White,</u>	Age at last Birthday <u>43</u> (Years)		Color or Race <u>White</u>	Age at last Birthday <u>36</u> (Years)	
Birthplace <u>Missouri</u>			Birthplace <u>Missouri,</u>		
Occupation <u>Salesman,</u>			Occupation <u>Housewife.</u>		
Number of child of this mother... <u>1</u> ...		Number of children, of this mother, now living... <u>1</u> ...		Were precautions taken against Ophthalmia neonatorum? ... <u>Yes</u> ...	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on 1/6, 1920, at 2.A. M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) G. E. Wright

(Attending physician, midwife, householder.)*

Given or christian name added from a

Address Globe, Arizona.

Supplemental report _____ 191_____

322-106-539
COUNTY REGISTRAR.

Filed Jan 8 1920

A True Copy

Filed Feb 5 1920

B. G. Gray
LOCAL REGISTRAR.

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COUNTY REGISTRAR.